

2006 Georgia Preferred Drug List for the State Health Benefit Plan

ANTIINFECTIVES

Antivirals

NOTE: All brand oral antiviral drugs for the treatment of HIV infection are preferred, unless available generically.

acyclovir

amantadine

rimantadine

Cephalosporins

cefadroxil

cefpodoxime

cefturoxime

cephalexin

OMNICEF

Macrolides

azithromycin

clarithromycin

Oral Antifungals

clotrimazole troche

fluconazole [PA] [QLL]

itraconazole [PA] [QLL]

ketocoazole

nystatin

Penicillins

amox tr/potassium

clavulanate

amoxicillin

penicillin v potassium

Quinolones

AVELOX

ciprofloxacin

ofloxacin

Topical Antifungals

ciclopirox

ketocoazole

nystatin

Topical Antifungal-Corticosteroids

clotrimazole/

betamethasone

nystatin w/triamcinolone

Urinary Antiinfectives

nitrofurantoin

macrocrystal

trimethoprim

ANTINEOPLASTIC/IMMUNOSUPPRESSANT DRUGS

NOTE: All brand oral antineoplastics are considered preferred, unless available generically.

azathioprine

CELLCEPT

cyclosporine, modified

hydroxyurea

leucovorin

megestrol

mercaptopurine

methotrexate

tamoxifen

thioguanine

CARDIOVASCULAR MEDICATIONS

ACE Inhibitors + HCT Combos

benazepril, /hctz

captopril, /hctz

enalapril, hctz

fosinopril, /hctz

lisinopril, /hctz

quinapril

quinaretic

Angiotensin II Receptor Antagonists + HCT Combos

BENICAR, HCT [PDMP]

DIOVAN, HCT [PDMP]

Beta-Adrenergic Antagonists

atenolol, -chlorthalidone

bisoprolol fumarate/hctz

COREG

INNOPRAN XL

labetalol hcl

metoprolol, hctz

propranolol hcl, w/hctz

TOPROL XL*

Calcium Antagonists

diltiazem,

extended release

felodipine er

nifedipine er

NORVASC [PDMP]

SULAR [PDMP]

verapamil hcl

Centrally Acting Antihypertensives

clonidine hcl

HMG-CoA Reductase Inhibitors

CRESTOR [PDMP]

LIPITOR [PDMP]

lovastatin

ZOCOR*

HMG-CoA Combinations

VYTORIN [PDMP] [QLL]

Hypolipoproteinemics

ADVICOR

cholestyramine

gemfibrozil

NIASPAN*

TRICOR

ZETIA [PA] [QLL]

Thiazide & Related Drugs

hydrochlorothiazide

metolazone

Other Antihypertensives

LOTREL [PDMP]

AUTONOMIC & CNS MEDICATIONS

Anticonvulsants

carbamazepine

DEPAKOTE

gabapentin

lamotrigine

phenytoin sodium,

extended

TEGRETOL XR

TOPAMAX

ZONEGRAN

Antidementia Drugs

ARICEPT

EXELON

Antidepressants

bupropion, sr

CYMBALTA

[SNRI] [PDMP]

EFFEXOR, XR

[SNRI] [PDMP]

mirtazapine, soltab

trazodone hcl

WELLBUTRIN XL*
[PDMP]

Antipsychotic Drugs

ABILITY

(excluding solution)

clozapine

haloperidol

perphenazine

quetiapine fumarate

RISPERDAL

(excluding M-tabs)

thioridazine hcl

thiothixene

trifluoperazine hcl

ZYPREXA

(excluding Zydis)

Antivertigo & Antiemetics

meclizine hcl

prochlorperazine

trimethobenzamide

ZOFTRAN, ODT* [QLL]

Class II Narcotics

fentanyl citrate [QLL]

Class III Narcotics

acetaminophen

w/codeine

hydrocodone/

acetaminophen

CNS Stimulants

ADDERALL XR* [PA]

(note: PA age > 21)

CONCERTA*

dextroamphetamine

sulfate [PA]

(note: PA age > 21)

METADATE CD/ER*

methylphenidate hcl

Other Drugs For ADHD

STRATTERA

Drugs To Prevent & Treat Headaches

butalbital/apap/caffeine

IMITREX [QLL]

ZOMIG, ZMT [QLL]

Sedative/Hypnotics

AMBIEN [QLL]

chloral hydrate

SONATA [QLL]

temazepam

Selective Serotonin Reuptake Inhibitors

citalopram

fluoxetine hcl

fluvoxamine maleate

LEXAPRO [PDMP]

paroxetine

Tertiary Amines

amitriptyline

doxepin hcl

imipramine

DERMATOLOGICAL MEDICATIONS

Antiacne Drugs

benzoyl peroxide

clindamycin phosphate

erythromycin/

benzoyl perox.

FINACEA

isotretinoin

The following is a list of the most commonly prescribed drugs. It represents an abbreviated version of the preferred drug list that is at the core of your pharmacy benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

PLEASE NOTE: The symbol * next to a drug signifies subject to non-preferred status when generic is available throughout the year. For prior authorization (PA) inquiries or questions regarding the preferred status of drugs not listed on this document, please contact Express Scripts, Inc. at 1-877-650-9340.

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itraconazole [PA] [QLL]

ketocoazole

nystatin

Penicillins

amox tr/potassium

clavulanate

amoxicillin

penicillin v potassium

Quinolones

AVELOX

ciprofloxacin

ofloxacin

Topical Antifungals

ciclopirox

ketocoazole

nystatin

Topical Antifungal-Corticosteroids

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macrolides

Oral Antifungals

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fluconazole [PA] [QLL]

PREMARIN
Estrogen/Progestin Combinations
CLIMARA PRO [QLL]
PREFEST
PREMPHASE
PREMPRO
Prenatal Vitamins
NOTE: All oral prescription generic prenatal vitamins are preferred.

Progesterin Drugs
medroxyprogesterone acetate
PROMETRIUM
Specialized OB/GYN Drugs
leuprolide acetate [INJ]

OPHTHALMIC MEDICATIONS

Antibacterial Drugs
ciprofloxacin
erythromycin
gentamicin sulfate
ofloxacin
polyoxin b sul/
trimethoprim
sulfacetamide sodium
tobramycin sulfate
VIGAMOX
ZYMAR

Antiglaucoma Drugs
acetazolamide
ALPHAGAN P
brimonidine tartrate
LUMIGAN
pilocarpine hcl
timolol maleate
TRUSOPT
Corticosteroid Drugs
prednisolone acetate
Other Ophthalmic Drugs
homatropine
hydrobromide
VOLATAREN ophthalmic
ZADITOR
ZYLET

RESPIRATORY MEDICATIONS

Antihistamines
ALLEGRA* [QLL]
diphenhydramine
fexofenadine
promethazine hcl
Antihistamine/Decongestants
ALLEGRA-D* [QLL]
(excluding 24 hours)
promethazine w/codeine
promethazine w/dm
pseudoephedrine
w/chlorpheniramine

Antitussive & Expectorants
benzonatate
guaiifenesin
w/pseudoephedrine
hydrocodone
w/guaiifenesin
promethazine w/codeine
Beta-2 Adrenergics
albuterol [QLL]
FORADIL [QLL]
metaproterenol [QLL]
SEREVENT

DISKUS [QLL]
VENTOLIN HFA [QLL]
Leukotriene Modifiers

SINGULAIR [PDMP]
Methyl Xanthines
aminophylline
theophylline,
anhydrous, er
UNIPHYL*

Other Drugs For Asthma
acetylcysteine
ADVAIR DISKUS [QLL]
ATROVENT inh,
HFA [QLL]
COMBIVENT [QLL]
cromolyn sodium [QLL]
FLOVENT, HFA [QLL]
INTAL inh [QLL]
ipratropium
bromide [QLL]
PULMICORT [QLL]
QVAR [QLL]
SPIRIVA [QLL]
TILADE [QLL]

UROLOGICAL MEDICATIONS

Anticholinergic Antispasmodics
DITROPAR XL*
oxybutynin chloride
Other Genitourinary Products
AVODART
FLOMAX
potassium citrate/
citric acid
PROSCAR*

DIABETIC SUPPLIES

Meters & Strips
ACCU-CHEK
ACTIVE KIT
ACCU-CHEK ACTIVE test strips [QLL]
ACCU-CHEK ADVANTAGE KIT
ACCU-CHEK ADVANTAGE test strips [QLL]
ACCU-CHEK AVIVA KIT
ACCU-CHEK AVIVA test strips [QLL]
ACCU-CHEK COMFORT CURVE test strips [QLL]
ACCU-CHEK COMPACT KIT
ACCU-CHEK COMPACT test strips [QLL]
ACCU-CHEK COMPLETE KIT
ASCENSA AUTODISC
ASCENSA BREEZE
ASCENSA CONTOUR SYSTEM
ASCENSA DEX2
ASCENSA ELITE, XL
ASCENSA MICROFILL CHEMSTRIP bG
GLUCOMETER DEX
GLUCOMETER ELITE GLUCOMETER
ENCORE
PRECISION XTRA
Miscellaneous Diabetic Supplies
NOVOFINE 30
PRECISION SURE DOSE

Examples of Non-Preferred Medications with Selected Preferred Alternatives

The following is a list of some non-preferred brand medications with examples of selected alternatives that are on the preferred.

Column 1 lists examples of non-preferred medications.
Column 2 lists some alternatives that can be prescribed.

Thank you for your compliance.

Non-Preferred	Preferred Alternative	Non-Preferred	Preferred Alternative
ACCOLATE	Singulair	LOPROX	cilopirox
ACEON	Generic Ace Inhibitor	LORABID	amox tr/potassium clavulanate, Omnicef
ACIPHEX	omeprazole, Prevacid	LOTEMAX	Generic steroids
ACTIVELLA	Prefest, Prempro/Prempause	LUNESTA	Ambien, Sonata
ACLUVELLS, PF	Valerenic, Valerenic	MAALOX	Generic Ace Inhibitor
AEFRIBID, M	Flovent/HFA, Pulmicort, Qvar	MAXAIR AUTOHALER	Glucagon, Gaviscon, Ventolin HFA
AGGRENOX	aspirin + dipyradantone	MAXALT,MLT	Imtrexa, Zomig/ZMT
ALAMAST	cromolyn sodium, Zaditor	MAXQUIN	ciprofloxacin, ofloxacin, Avelox
ALBUTEROL	Generic albuterol, Ventolin HFA	MENOSTAR	Generic patches, Alora
SULFATE HFA	cromolyn sodium, Zaditor	METAGLIP	glipizide + metformin
ALOCRIL	cromolyn sodium, Zaditor	METROCREAM,	metronidazole
ALOMIDE	Generic steroids	GEL LOTION	fotical, Actonel, Fosamax
ALREX	Generic Ace Inhibitor	MIACALCIN nasal	Benicar, Diovan
ALLACE	lovastatin, Crestor, Vytorin, Zocor*	MICARDIS	Benicar, Diovan HCT
ALTRIPREV	glipizide, er, glyburide	HCT	Genetic NSAIDs
AMARY	imtrexa, Zomig/ZMT	MONIC	morphine sulfate soln
AMERGE	hc propanox 2.5% cream	MSIRI	Flonase*, Nasex
ANALPRAM-HC	gemfibrozil, Tricor	NASACORT AQ	Flonase*, Nasex
2.5% cream	Zofran*	NASAREL	omeprazole, Prevacid
ANTARA	Benicar, Diovan	NEXIUM	metronidazole cream
ANZEMET	Benicar HCT, Diovan HCT	NORITATE	ciprofloxacin, ofloxacin, Avelox
ATACAND	amox tr/potassium clavulanate	NOXORIN	Novolin vial
ATACAND HCT	Benicar HCT, Diovan HCT	NOXOLIN cartridge,	Novolog vial
AUGMENTIN XR	Benicar, Diovan	pen, syringe	Generics, Ortho-Evra, Ortho-Tricyclic Lo
AVAPRO	Generics	NOZ-OG cartridges,	Accu-chek, Ascensia/Glucometer
AVAPRO	tretinoin	pen, syringe	prednisolone soln
AVINZA	Flovent/HFA, Pulmicort, Qvar	NUVARING	Copegus, Pegasys
AVERT	brimonidine tartrate, Alphagan P, Trusopt	ONETOUCH	Generic antifungals
AZALEX	Flostone*, Nasex	OPTIVAR	phenytoin sodium er
AZMACORT	benzoyl peroxide + generic clindamycin	ORAPRED	felodipine er
AZOPT	erythromycin/benzoyl peroxide	OXYCONTIN	sulfacetamide sodium/sulfur sublimed
BECONASE AQ	benzoyl peroxide, other generics	OXYIR	oxycodeone hctb sa
BEZACLIN	clarithromycin	OXYTROL	oxycodeone hctc imitate release
BEZAMYCIN, PAK	clarithromycin	PATANOL	oxybutynin, Ditropan XL
BETIMOL	betamethasone, soln, other generics	PAXIL, CR	cromolyn sodium, Zaditor
BIAXIN, XL	clarithromycin	PEDIAPIRED	paroxetine (immediate release), Lexapro
BONIVA	Actonel, Fosamax	PEG-INTRON,	clarithromycin, erythromycin
CADUET	CCB + HMG combination - CCB - felodipine er, nifedipine er, Sular, HMG - lovastatin, Crestor, Zocor*	REDIPEN	prednisolone soh
CARDENE SR	felodipine er, nifedipine er, Sular	PENLAC	Copegus, Pegasys
CARDIZEM LA	lovastatin, Zocor	PHENYTEK	Generic antifungals
CEDAX	Meneft, Premarin	PLENDIL	phenytoin sodium er
CELEXA	ciprofloxacin eye drops	PLEXION, SCT, TS	felodipine er
CENESTIN	ciprofloxacin, ofloxacin, Avelox	PRAMOSONE	sulfacetamide sodium/sulfur sublimed
CILOXAN	fefoxenadine, Allegra*	PRAVACHOL	lidocaine-hc
CIPRO XR	Allerga-D 12 hour	PRICISION QID, PCx, Sol-Tact	lovastatin, Crestor, Vytorin, Zocor*
CLARINEX	estradiol, tds, Alora	PRILOSEC	Accu-Chek, Ascensia/Glucometer
CLARINEX-D	Asacol, Pentasa	PROTONIX	omeprazole
CLIMARA	benzoyl peroxide + generic clindamycin	PROTOPIC	omeprazole, Prevacid
COLAZAL	fentanyl citrate	PROVENTIL HFA	Generic topical corticosteroid
COMBIPATCH	clarithromycin, erythromycin	PROZAC WEEKLY	Generic albuterol inh, Ventolin HFA
COPIA	felodipine er, nifedipine er, Sular	QUIXIN	fluoxetine (daily), citalopram, paroxetine, Lexapro
COVERA-HS	lovastatin, Zocor	RELEFAX	ciprofloxacin, ofloxacin, Vigamox, Zymar
COZZAR	cesia, velvett	RESTORIL	imtrizapam
CYCLESSA	oxybutynin, Ditropan XL*	RETIN-A liquid, MICRO	lovastatin, Zomig/ZMT
DETROL, LA	Actonel, Fosamax	RHINOCORT AQUA	temazepam
DIDRONEL	tretinoin	RISPERDAL M-TAB	tritrofene
DIFFERIN	Asacol, Pentasa	RITALIN LA	Risperdal (non-M-tabs)
DIPENTUM	benzoyl peroxide + generic clindamycin	RYNATAN	methylphenidate, Concerta*, Metadate CD/ER*
DUAC gel	fentanyl citrate	SANCTURA	Allegra-D 12 hour*
DURAGESIC	clarithromycin, erythromycin	SEASONALE	oxybutynin, Ditropan XL*
(60 mg/kg/hr)	felodipine er, nifedipine er, Sular	SOFT-FACT	levator, portas (continuous regimen)
DYNABAC	lovastatin, Zocor	SPECTRACEF	Ascu-Chek, Ascensia/Glucometer
DYNACIRC, CR	felodipine er, nifedipine er, Sular	SPORANOX cap, kit	amox tr/potassium clavulanate, Omnicef
ELESTAT	lovastatin, Zocor	SUPRAX	fluoxetine-Zyprexa (non-Zydys)
ELIDEL	felodipine er, nifedipine er, Sular	SYMBYAX	levotyroxine sodium, Lexovyl
EMADINE	lovastatin, Zocor	SYNTHROID	verapamil+ACE Inhibitor, Lotrel
ENABLEX	felodipine er, nifedipine er, Sular	TARKA	Androderm, Androgel
EPOGEN	lovastatin, Zocor	TEQUIN	Benicar HCT, Diovan
ESTRADERM	felodipine er, nifedipine er, Sular	TESTIM	Zylet
ESTRASORB	lovastatin, Zocor	TEVETEN	imipramine tabs
ESTROTEST, H.S.	felodipine er, nifedipine er, Sular	TEVETEN HCT	Lumigan, Xalatan
ESTROGEL	lovastatin, Zocor	TOBRADEX	gemfibrozil, Tricor
FACTIVE	felodipine er, nifedipine er, Sular	TOFRANIL-PM	imipramine
FAMVIR	lovastatin, Zocor	TRAVATAN	levofloxacin, Zyprexa (non-Zydys)
FemHRT	felodipine er, nifedipine er, Sular	TRIGLIDE	levoviridine, Zyprexa (non-Zydys)
FML FORTE	lovastatin, Zocor	TRI-NORINYL	levoviridine, Zyprexa (non-Zydys)
FOCALIN, XR	felodipine er, nifedipine er, Sular	TISSUNEX	levoviridine, Zyprexa (non-Zydys)
FOSRENOL	lovastatin, Zocor	ULTRASE, MT	levoviridine, Zyprexa (non-Zydys)
FREESTYLE	felodipine er, nifedipine er, Sular	UNIRETIC	levoviridine, Zyprexa (non-Zydys)
FROVA	lovastatin, Zocor	UROXATRAL	verapamil er
GEODON	felodipine er, nifedipine er, Sular	VALTREX	oxybutynin, Ditropan XL*
GLYSET	lovastatin, Zocor	VANTIN suspension	Generic steroids
HELDAC	felodipine er, nifedipine er, Sular	VERELAN PM	Generic steroids
HUMALOG	lovastatin, Zocor	VESICARE	Generic patches, Alora
HYZAAr	lovastatin, Zocor	VEVOL	chlorpheniramine, Colestid
IPREVALE	lovastatin, Zocor	VIVELLE DOT	buproprion sr
ISTALOL	lovastatin, Zocor	WELLBUTRIN SR	Volatren ophthalmic
KADIAN	lovastatin, Zocor	XIBROM	albuterol neb
KETEK	lovastatin, Zocor	XOPENEX	Generics, Ortho-Evra, Ortho Tri-Cyclen Lo
KRISTALOSE	lovastatin, Zocor	YASMIN	metolazone
KYTRIL	lovastatin, Zocor	ZAROXOLYN	omeprazole, Prevacid
LAMISIL tabs	lovastatin, Zocor	ZEGERID	citalopram, fluoxetine (daily), paroxetine, Lexapro
LESSCOL, XL	lovastatin, Zocor	ZOLOFT	Zyprexa (non-Zydys)
LEVAQUIN	lovastatin, Zocor	ZYPREXA ZYDIS	feloxenadine, Allegra*
LEXEL	lovastatin, Zocor	ZYRTEC	Allegra-D 12 hour*
LOCOD	lovastatin, Zocor	ZYRTEC-D	
LOFIBRA	lovastatin, Zocor		

KEY

The symbol [G] next to a drug name indicates that a generic is available for at least one or more strengths of the brand medication. The symbol [INJ] next to a drug name indicates that the drug is available in injectable form only. The symbol [PA] next to a drug name indicates that Prior Authorization is required. The symbol [PDM] next to a drug name indicates that the drug is part of the Progressive Drug Management Program. The symbol [QLL] next to a drug name indicates that quantity or therapy limits exist. The symbol [SNRI] next to a drug name indicates that Serotonin-Norepinephrine Reuptake Inhibitor.

For the member: Generic medications contain the same active ingredients as their corresponding brand name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe preferred products and allow generic substitutions when medically appropriate. Thank you.

Brand name drugs are listed in CAPITAL letters.

Generic drugs are listed in lower case letters.

THIS DOCUMENT LIST IS EFFECTIVE JANUARY 1, 2006 THROUGH DECEMBER 31, 2006. THIS LIST IS SUBJECT TO CHANGE.

The symbol [G] next to a drug name signifies that a generic is available for at least one or more strengths of the brand medication. Most generics are available at the lowest copay.